

**STATE OF IOWA
DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
ANNUAL RENEWAL FOR AGRICULTURAL LIMING MATERIAL LICENSE**

Company name and address

Remittance Payable to:
Secretary of Agriculture
Wallace Building
Des Moines IA 50319
515-281-8597

Agriculture liming material shall not be distributed in this state unless the manufacturer of the agricultural liming material obtains a license for each facility owned by the manufacturer for distribution of agricultural liming material in this state.

Agriculture liming material shall not be sold, offered for sale, or exposed for sale in this state unless a label accompanies the agricultural liming material which provides the following information:

- 1) The name and address of the principal office of the manufacturer.
- 2) The brand or trade name of the agricultural liming material.
- 3) The identification of the type of agricultural liming material. ("Industrial by-product", "Pelletized lime", "Quarry lime", "Water treatment lime")
- 4) The undried net weight of the agricultural liming material.
- 5) The effective calcium carbonate equivalent of the agricultural liming material in the following form "Iowa Secretary of Agriculture Certified _____ pounds ECCE per ton."

**ATTACH SAMPLE COPY OF LABEL TO THIS APPLICATION.
FAILURE TO SUBMIT A LABEL WILL CAUSE THIS APPLICATION TO BE RETURNED.**

Enter Tons of Agriculture Lime **Sold** by your company for 2002 - _____

Total number of manufacturing facilities to be registered through **January 1, 2003**:
_____ x \$25 = Total Fee Due: _____

State of Iowa
County of _____ } ss.

I, the undersigned, hereby state that the above, to the best of my knowledge, is true and correct.

X _____
(Signature)

Subscribed and sworn to before me this _____ day of _____ 20____.

(Notary Public)

Code #57

MANUFACTURING FACILITY FORM

LIST ALL FACILITY LOCATION (S) FROM WHICH AGRICULTURAL LIME IS SOLD IN THE STATE OF IOWA. USE ADDITIONAL SHEETS IF NECESSARY.

FACILITY NAME _____
FACILITY ADDRESS _____
TOWNSHIP _____ SECTION _____ COUNTY _____
CITY _____ STATE _____ ZIP CODE _____

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_____ TOTAL NUMBER OF MANUFACTURING FACILITIES
_____ LICENSE FEE ENCLOSED (\$25 FOR EACH FACILITY)

COMPANY NAME _____
COMPANY ADDRESS _____